1600 NORTH CHESTNUT

MARSHFI ELD 54449 Phone: (715) 384-2188	3	Ownershi p:	County
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	16	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	16	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	15	Average Daily Census:	16
****************	******	*************	************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	0. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	20. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	53. 3	More Than 4 Years	80. 0
Day Services	No	Mental Illness (Org. /Psy)	6. 7	65 - 74	26. 7		
Respite Care	No	Mental Illness (Other)	93. 3	75 - 84	20.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	0.0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0	İ	[Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	46. 7		
Transportati on	No	Cerebrovascul ar	0. 0	[']		RNs	19. 0
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	9. 6
Other Services	No	Respi ratory	0.0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	60. 0	Aides, & Orderlies	62. 8
Mentally Ill	Yes	İ		Femal e	40.0		
Provi de Day Programming for		İ	100.0		j		
Developmentally Disabled	No				100. 0		
******************	****	' ************	*****	, *******	******	**********	*****

Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther		F	ri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	15	100.0	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	100.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj		0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		15	100.0		0	0.0		0	0.0		0	0.0		0	0.0		15	100.0

NORWOOD HEALTH CARE - CENTRAL

**********	*****	********	******	*****	*******	********	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period		`					
e . e		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	stance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	53. 3		26. 7	20. 0	15
Other Nursing Homes	0.0	Dressi ng	80. 0		6. 7	13. 3	15
Acute Care Hospitals	0.0	Transferri ng	80. 0		6. 7	13. 3	15
Psych. HospMR/DD Facilities	0.0	Toilet Use	80. 0		6. 7	13. 3	15
Rehabilitation Hospitals	0.0	Eati ng	100. 0		0. 0	0. 0	15
Other Locations	0.0	********************	******	******	******	*******	*****
Total Number of Admissions	0	Continence		%	Special Treatm		%
Percent Discharges To:		Indwelling Or Externa		0. 0	Receiving Re	spi ratory Care	0. 0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent		0. 0	Recei vi ng Tr	acheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	26. 7	Receiving Su	cti oni ng	0. 0
Other Nursing Homes	0.0				Receiving 0s	tomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Receiving Tu	be Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving Me	chanically Altered Diets	53. 3
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteri sti cs	
Deaths	100	With Pressure Sores		0. 0	Have Advance	Directives	0. 0
Total Number of Discharges		With Rashes		20. 0	Medi cati ons		
(Including Deaths)	1				Receiving Ps	ychoactive Drugs	93. 3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Government Under 50 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 100.0 84.8 1.18 94. 9 1.05 85.8 1.17 84.6 1.18 Current Residents from In-County 93.3 58. 7 1. 59 69. 9 1. 33 69. 4 1.34 77. 0 1. 21 Admissions from In-County, Still Residing 27.8 27.6 23. 1 20.8 0.00 Admissions/Average Daily Census 0.0 58.7 0.00 84. 7 0.00 105. 6 0.00 128. 9 0.00 Discharges/Average Daily Census 61.8 88. 0 0.07 105. 9 0.06 130.0 0.05 6.3 0. 10 Discharges To Private Residence/Average Daily Census 0.0 18. 7 0.00 16. 0 0.00 38. 5 0.00 52.8 0.00 Residents Receiving Skilled Care 100 84.8 1. 18 73.4 1.36 89.9 1. 11 85. 3 1.17 Residents Aged 65 and Older 46.7 87. 6 91.6 93. 3 87. 5 0.53 0. 51 0.50 0.53 Title 19 (Medicaid) Funded Residents 79.8 1. 25 50.3 69. 9 68. 7 100 1. 99 1.43 1.46 Private Pay Funded Residents 16. 3 22.2 22. 0 0.0 0.00 46. 9 0.00 0.00 0.00 Developmentally Disabled Residents 0.8 0.00 0.00 0.8 7. 6 0.0 0. 7 0.00 0.00 Mentally Ill Residents 100 50.0 2.00 52. 4 1. 91 38. 5 2.60 33. 8 2.96 General Medical Service Residents 0.0 17.8 0.00 9.8 0.00 21. 2 0.00 19. 4 0.00 49.3 Impaired ADL (Mean) 18.7 43.4 0.43 51. 2 0.36 46. 4 0.40 0.38 Psychological Problems 93.3 61.6 1.52 55. 2 1. 69 52.6 1.78 51. 9 1. 80 Nursing Care Required (Mean) 9. 2 8. 4 1.09 6. 0 1. 52 7.4 1. 23 7. 3 1. 25